



North Carolina Citizens for Patient Safety
PO Box 18165
Raleigh, NC 27619

Contract # 2627126
Schedule Dates 09/19/16-09/29/16
Advertiser North Carolina Citizens for Patient Safety (112483)
Agency Impact Strategies-Continental Communications (7)
Product POLITICAL ISSUE (ns) (1187)
Brand 9/19 - 9/30 (861474)
Salesperson HOUSE-ASHEVILLE, WLOS/WMYA (1552)
Sales Office WLOS/WMYA/LOS/IMYA
Buyer Name Rosser, Bob
Phone/Fax /
CPE N/A
Account Types Local/Political Issue Agency BRD
Billing Type Standard
Comments

Date Entered 09/14/16
Last Modified 09/14/16
Entered By Daniel Johnson
CO-OP No
Headline #
Demo
Order Type Normal
Package Deal
Commission % 15.00
Commission \$5,136.00
Net Total \$29,104.00
Sales Tax

Asheville (WLOS)		
By Broadcast Month	Spots	Rate
Sep. 2016	12	\$17,120.00
Oct. 2016	12	\$17,120.00
Grand Total:	24	\$34,240.00

Line	Line Type / Break Type (Ref #)	Dates	Sec	Length	Run Times	SPW	Mo	Tu	We	Th	Fr	Sa	Su	Spots	Rate	Total	Station	Comments	Entered
1.0	Normal Line / News	09/19/16-09/23/16	1	:30	7A- 8A (EST)	2	2		2	2	2			8	\$1,240.00	\$9,920.00	Asheville (WLOS)		9/14/16
2.0	Normal Line / News	09/19/16-09/22/16	1	:30	6P- 6:30P (EST)	1	1	1	1	1				4	\$1,800.00	\$7,200.00	Asheville (WLOS)		9/14/16
3.0	Normal Line / News	09/26/16-09/29/16	1	:30	7A- 8A (EST)	2	2	2	2	2				8	\$1,240.00	\$9,920.00	Asheville (WLOS)		9/14/16
4.0	Normal Line / News	09/26/16-09/29/16	1	:30	6P- 6:30P (EST)	1	1	1	1	1				4	\$1,800.00	\$7,200.00	Asheville (WLOS)		9/14/16

CONFIRMATION CONTRACT

Accepted-Agency/Advertiser: _____ Date: _____
Accepted-Station: _____ Date: _____
Comments: _____

The parties intend for the Standard Advertiser Terms and Conditions ("Terms") located at... <http://sbj.net/?p=1224> ... to be part of their agreement, and the sale of advertising is expressly subject to said Terms.

AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

Station and Location: WLOS-TV Asheville	Date: 9-16-16
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I, Bob Rosser - Impact Strategies
do hereby request station time concerning the following issue:

Public Affairs

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
Schedule provided					

This broadcast time will be used by: NC Citizens for Public Safety

TO BE COMPLETED FOR ALL ISSUE ADVERTISEMENTS

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

The Sponsor agrees to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, that may ensue from the broadcast of the above-requested advertisement(s). For the above-stated broadcast(s), the sponsor also agrees to prepare a script, transcript, or tape, which will be delivered to the station at least _____ before the time of the scheduled broadcasts.

TO BE SIGNED BY ISSUE ADVERTISER (SPONSOR)

9/16-16 Bob Rosen (agent) 919 606 4057
Date Signature Contact Phone Number

TO BE SIGNED BY STATION REPRESENTATIVE

☐ Accepted

☐ Accepted in Part

☐ Rejected

Signature Printed Name Title

**THIS PAGE MUST BE COMPLETED FOR PROGRAMMING THAT
DOES NOT "COMMUNICATE A POLITICAL MATTER OF NATIONAL
IMPORTANCE"**

I represent that the payment for the above described broadcast time has been furnished
by (name and address):

NC Citizens for Patient Safety

and you are authorized to announce the time as paid for by such person or entity
(hereinafter referred to as the "sponsor").

List the chief executive officers or members of the executive committee or the board of
directors below (or attach separately):

Paul Rieker
Bryant Murphy
Matt Hatch